


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 033 ****61.25

DOCUMENT # N49563					
1. Entity Name KINGS PENINSULA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 301 E MCDONALD RD PLANT CITY, FL 33567 US			Mailing Address 301 E MCDONALD RD SUITE A PLANT CITY, FL 33567 US		
2. Principal Place of Business - No P.O. Box # 38349 Langlois Pl.		3. Mailing Address 38349 Langlois Pl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Leesburg, Fl.		City & State Leesburg, Fl.		01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3181171		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELMORE, JOAN 38349 LANGLOIS PL LEESBURG, FL 34788			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELMORE, JOAN	NAME			
STREET ADDRESS	38349 LANGLOIS PL	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKEEN, WILLIAM	NAME			
STREET ADDRESS	38417 LANGLOIS PL	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TETER, JACK	NAME			
STREET ADDRESS	38420 LANGLOIS PL	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMBEL, MARK	NAME			
STREET ADDRESS	38436 LANGLOIS PL	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joan Elmore</u>		<u>Joan Elmore</u>		Feb. 1, 2008 352-383-7305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	